



Handwritten: \$500

PATENT
Docket No. 20008/G058A

**IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE**

Applicant(s): Ronald E. Dooley	)	I hereby certify that this paper is
	)	being deposited with the United
	)	States Postal Service with
Serial No.: 10/616,684	)	sufficient postage as first class
	)	mail in an envelope addressed to:
Filed: July 10, 2003	)	Commissioner for Patents, P.O.
	)	Box 1450, Alexandria, VA 22313-
	)	1450 on this date:
)	
For: "Multiple Signature Feeder System"	)	October 11, 2005
)	
Group Art Unit: 3651	)	<i>Sarah Doyle</i>
	)	_____ Sarah Doyle
)	
Examiner: Patrick H. Mackey)	

**AMENDMENT TRANSMITTAL WITH
PETITION FOR EXTENSION OF TIME**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action pending in the above application.

10/17/2005 MBIZUNES 00000023 10616684

01 FC:1252

450.00 OP

1. Small Entity Status

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☒ Has not been established.

2. Extension of Time

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$120.00		\$60.00
Two Months	450.00	\$450.00		\$225.00
Three Months		\$1020.00		\$510.00
Four Months		\$1,590.00		\$795.00
Fifth Month		\$2,160.00		\$1,080.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$450.00

- ☐ An extension for month(s) has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$0.00

Extension Fee Due With This Request \$450.00

3. Fee for Claims

- ☒ The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	34	MINUS	30	= 4	x25=	\$	x50=	\$200
INDEP.	8	MINUS	7	= 1	x100=	\$	x200=	\$200
First Presentation of Multiple Dependent Claim					+180=	\$	+360=	\$
TOTAL ADDITIONAL FEE						\$	OR	\$400

4. Method of Payment of Fees

- ☒ Attached is a check in the amount of: \$850.00
- ☐ Charge Deposit Account No. 50-2455 in the amount of: \$ _____

A copy of this Transmittal is enclosed.

5. Deposit Account and Refund Authorization

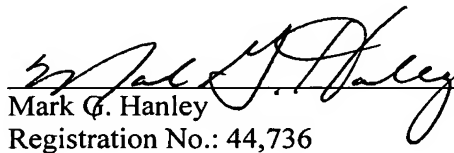
The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455. A copy of this Transmittal is enclosed.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC
USPTO Customer Number 34431
20 North Wacker Drive
Suite 4220
Chicago, Illinois 60606
(312) 580-1020

By:


Mark G. Hanley
Registration No.: 44,736

October 10, 2005